

MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM 10470)

APPLICANT'S

11-17919

CLAIMS

	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE	
	IND.	OEP.	IND.	OEP.	IND.	OEP.
1	/				1	
2		1		1		
3			1		1	
4			1		1	
5			1		1	
6			1		1	
7			1		1	
8			1		1	
9			1		1	
10			1		1	
11			1		1	
12	/		1		1	
13			1		1	
14			1		1	
15			1		1	
16			1		1	
17			1		1	
18			1		1	
19		1			1	
20			1		1	
21			1		1	
22			1		1	
23	/		1		1	
24			1		1	
25			1		1	
26			1		1	
27			1		1	
28			1		1	
29			1		1	
30			1		1	
31			1		1	
32			1		1	
33			1		1	
34			1		1	
35			1		1	
36			1		1	
37			1		1	
38			1		1	
39			1		1	
40			1		1	
41			1		1	
42			1		1	
43			1		1	
44			1		1	
45			1		1	
46			1		1	
47			1		1	
48			1		1	
49			1		1	
50			1		1	
TOTAL IND.	3	1	3	1	4	1
TOTAL OEP.	31	31	31	32	32	32
TOTAL	34	34	34	36	36	36

	IND.	OEP.	IND.	OEP.	IND.	OEP.
61						
62						
63						
64						
65						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL OEP.						
TOTAL	122826	125531	122826	125531	122826	125531